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Department of Veterans Affairs

Veterans Affairs Voluntary Service National Advisory Committee

Representative and Deputy Representative Handbook

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Veterans Health Services and Research Administration

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I. INTRODUCTION

The VAVS National Advisory Committee

a. The Voluntary Service National Advisory Committee was the first organizational element and remains the hub of the VA Voluntary Service program. When the program was formally established by VA Circular No. 117 on May 15, 1946, the following organizations which had volunteered to help in its design were designated National Advisory Committee members: The American Legion, American Legion Auxiliary, The American Red Cross, Disabled American Veterans, Disabled American Veterans Auxiliary, United Service Organizations (USO), Veterans of Foreign Wars of the U.S. and Ladies Auxiliary to the Veterans of Foreign Wars of the U.S.

b. Committee membership is open to all national organizations which provide volunteers to VA medical facilities. Over 57 of them have qualified by reaching or exceeding minimums established by the Committee for regular or associate membership. Each of these national member organizations may certify individuals to represent it on each similar Voluntary Service Advisory Committee at any VA medical facility where its members volunteer actively. These 170 plus local advisory committees also include representation from other national and local organizations. In all, over 350 national and local organizations are represented nationwide in the VAVS (Veterans Affairs Voluntary Service).

c. The VAVS National Advisory Committee is one of several hundred citizen committees chartered by the Congress under the Federal Advisory Committee Act of 1972 (Pub. L. 92–463). As such, it is required to hold at least one meeting a year, issue minutes of this meeting, and report quarterly to the Congress (through the General Services Administration) on changes in its membership. This law also requires that it function under the chairmanship of a member of the Federal work force. The chairperson of the VAVS National Advisory Committee is the Director, Administrative Services Office; its deputy chairperson is the Director, Voluntary Service.

d. The VAVS National Advisory Committee established subcommittees and ad hoc task groups from its membership as needed to carry out its functions. It has a 20–member Executive Committee and several standing subcommittees which include: Annual Meeting Arrangements, Annual Meeting Hospitality, James H. Parke Memorial Youth Scholarship Award, Membership, Recommendations, and Annual Meeting Registration. Members of the Executive Committee chair its subcommittees.

e. The organizer and first director of VA Voluntary Service, James H. Parke, in 1961 distilled into one brief paragraph the essence of the committee's functions. His statement is still valid:

> "The VAVS plan is unique in Government operations. I know of no other plan by which the national voluntary organizations participating in a Government program advise with the Government agency—and, in turn, are advised by the agency—on a continuing basis for the effective and purposeful use of the volunteer resources of the organizations in the agency's programs."

f. There are three basic concepts in VAVS:

(1) Volunteers do not replace paid staff; they supplement the staff provided by the taxpayers.

(2) There is no exclusivity for organizations. No assignment developed by VA medical center staff is reserved for any organization, but an organization may develop and fund, with staff approval, a particular activity for which its members retain responsibility.

(3) The VA does not require that a volunteer be a member of an organization. Thousands of nonaffiliated volunteers also participate in the VAVS program.

II. MEMBERSHIP

a. Organizations

(1) National Organizations become Regular Members when they are active and represented at a minimum of 45 VA medical facilities. Regular, voting membership is permanent.

(2) National Organizations are invited to become Associate Members of the National Advisory Committee when they are active and represented at a minimum of 20 VA medical facilities. Associate Member organizations are nonvoting and must continue their activity at or above the qualifying level in order to remain on the Committee.

(3) Regular Member organizations may elect to become nonvoting Honorary Members if, after 10 years or more of distinguished service, they are unable to maintain an active role.

b. **Individuals Appointed**

(1) Each member organization on the Committee appoints a National Representative to cast its vote (if a Regular Member) and perform various other leadership functions relating to its VAVS participation.

(2) Each organization may appoint two Deputy National Representatives. If needed, and if approved by VA Central Office, each organization may also appoint up to six additional Deputy Representatives to carry out such VAVS functions as it may designate.

(3) These appointments must be made in writing by the highest elected or appointed official of each member organization. They may be for any specified period of a year or more, or the appointment may be designated "indefinite."

(4) Notification of appointments must include: Full name of individual and position to which appointed; mailing address; telephone number of members; period for which appointed. The letter of notification should also name any individuals who are being removed from the Committee, or whose appointments have expired.

(5) Notifications should be sent to VA Central Office as soon as possible after national conventions or other dates governing the organization's decision about appointments have occurred. (See "Reports to VA Central Office," par. III i) They should be addressed to:

Director, Voluntary Service (161A)
Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, DC 20420

(6) No changes in VA records or mailing lists are made until the official, written notification is received. It is a responsibility of the National Representative to see that notification is made.

(7) Committee membership has been established by the National AdvisoryCommittee as follows, for each member organization:

National Advisory Committee
1 National Representative and up to 2 Deputy Representatives;
6 (maximum) additional Deputy Representatives if needed
and approved by Central Office

Medical Facility Advisory Committees*

1 Medical Facility Representative and up to 3 Medical Facility Deputy Representatives; 1 Additional Deputy Representative for each Satellite Outpatient Clinic (clinic situated at a distance from the medical center); 2 (maximum) Associate Representative from each state other than the state where the medical facility is located, which supplies volunteers.

III. RESPONSIBILITIES

a. **Advising**

The stated purpose of the National Advisory Committee is to advise the VA management staff and member organizations' leadership on matters pertaining to the Voluntary Service program. Its formal method of doing this is through recommendations adopted at the National Advisory Committee Annual Meeting. The procedure:

*Approval of the Medical Facility Director and certification by the member organization is required.

(1) In July each year, the chairperson of the Subcommittee on Recommen–dations writes to all National Representatives, asking them to survey their member volunteers and leadership for recommendations which would affect the policies, structure or operations of the Voluntary Service program throughout the VA.

(2) After subcommittee review, recommendations are presented to the National Advisory Committee for discussion and vote at the Annual Meeting. Each voting member organization present is authorized one vote. This vote is cast by the National Representative, if present. In the absence of the National Representative, the organization is required to designate in writing the individual to vote if more than one Deputy Representative is present. Absentee votes are not accepted.

(3) All recommendations adopted, with comments of the VA staff, are distributed under the signature of the Chief Medical Director to all medical facilities and to all National Representatives and Deputy Representatives.

(4) Chiefs of Voluntary Service at the medical facilities are required to report each June to Central Office on actions taken in support of the most recent National Advisory Committee recommendations. These reports are summarized at the next Annual Meeting.

(5) National Representatives determine individually what action, if any, should be taken to inform and involve their organizations as a result of the recommendations.

(See also, "Committee Work," par. III k.)

b. **Planning**

(1) As with any executive position, the first step after accepting the job is to get organized. For the National Representative, this means finding out what was done before, putting the new team together, designating who is to handle what portion of the work, and how coordination within the team will be maintained. Other early steps are determining what resources are available, what goals and priorities will be pursued, and what established procedures and policies of the organization must be adhered to in carrying out VAVS leadership responsibilities.

(2) Each organization has its own way of doing business, so it is very important that the records and advice of the retiring National Representative be passed on to the new leader immediately after the appointment. This is one of the basic obligations of the National Representative position.

(3) The new VAVS National Representative becomes the leader of a team which, in most organizations, includes at least one Deputy National Representative and may include others. They handle the job together, each assuming responsibilities that are decided among themselves independently, or according to their organization's traditional pattern. There is no VA–mandated division of work among Representatives and Deputy Representatives. Some of the ways in which organizations plan the VAVS work are:

(a) The NATIONAL REPRESENTATIVE personally reviews and responds to Annual Joint Reviews; corresponds with organization officials and VA Central Office on matters of concern; is the principal troubleshooter on problems such as personality conflicts or inadequate performance by medical center representatives which cannot be resolved locally; keeps national officials informed of VAVS opportunities, accomplishments and needs; reviews, distributes and reacts to statistical reports received semiannually from Central Office; either serves as, or advises the organization's National Certifying Official; arranges for VAVS workshops or speakers at national meetings; sees that, if possible, the organization is represented by its National and/or Deputy Representative at important meetings, particularly the organization's National Convention and the VAVS National Advisory Committee Annual Meeting; always carries responsibility as the team leader.

(b) Often, the DEPUTY NATIONAL REPRESENTATIVES are assigned to review all or a designated portion of the Minutes and Cumulative Attendance Records; assist with correspondence; share in troubleshooting or speaking assignments, attend meetings with, or in place of the National Representative; handle specific parts of the team's job such as publicity, training of local Representatives/Deputies, the organization's own awards system for volunteers, or the writing of guidance materials, newsletters, etc.

(4) The National Representative is the coordinator of all these activities and takes the lead in arranging for all the parts to fit. For example, the effective use of reports (Annual Joint Reviews, Minutes and Attendance Records, computer data) requires that all clues to significant progress or problems, which any of the reviewers find, should be communicated to the other team members.

(5) Resources are a key element in the VAVS team's planning. For many National Advisory Committee member organizations, the only resources are their representatives' ingenuity, time, energy and willingness to spend their own money; for others there are national budgets to cover travel, postage, printing, telephone, etc. Where financial resources are available, the National Representative should provide, to the extent possible, financial assistance to the organization's medical facility VAVS Representative to carry out their administrative and operational responsibilities. And whether or not the organization provides a budget, prudent management calls for the keeping of good records of personal and/or institutional expenditures for the program.

(6) The team's goals and objectives need not be detailed, but should keep the operations of the program in focus for everyone concerned. For example, the VAVS leadership team may decide on a goal of increasing the number of volunteers participating by a certain percentage, increasing its number of youth volunteers, setting up a national training program for local Representatives and Deputies, establishing an award for outstanding volunteer service, or increasing organizational donations to meet medical center needs. Whatever the goal or goals, they need to be communicated to national, local and other officials involved with VAVS.

(7) The team should be familiar, from the beginning, with its organization's VAVS traditions, rules or restrictions. If these are not known by the National Representative and Deputies when they take office, the National Representative's predecessor should be able to supply them personally or through information on file. It may seem wise for the VAVS leadership team, after reviewing these policies, to reinforce some of them which have been neglected or to recommend that the organization make changes which might make the program more effective and up–to–date.

(8) If changes are contemplated, they should be checked against the VA Voluntary Service manual or discussed with Central Office Voluntary Service staff to make certain that they do not run counter to legal restrictions or agency rules covering the program.

c. **Recruitment of Volunteers**

(1) At the very center of the VAVS team's job is the recruitment of more volunteers for the increasingly complex VA health care system. These may be members of the organization, or they may be other volunteers who are willing to allocate these credit for their hours of service to the organization. They may be recruited as Regularly Scheduled volunteers, whose hours will be credited to them individually as well as to the organization, or they may be recruited as Occasional volunteers who agree to serve from time to time, usually in groups which provide recreational or leisure time activities. The hours of Occasional volunteers are credited only to the organization, not to the individual.

(2) The first step in the VAVS team's recruitment efforts is to become familiar with the opportunities, rules and benefits of VA volunteering. These are covered in VHS&RA Manual M–1, part III, "VA Voluntary Service," "Operations."

(3) The reports provided periodically by VA will offer clues to places which offer good prospects for recruitment or local representatives who have need for assistance from the national level. For example:

a. National Organizations Report, COIN VHS&RA 37, (distributed to National Representatives by Central Office shows for each 6 months whether or not the local Representative or Deputies have attended a VAVS Committee meeting at each VA medical facility reporting and records the number of volunteers, hours and visits as a thumbnail sketch of program activity. It should be read with an eye to recruitment needs and opportunities (Exhibit F).

b. The Annual Joint Review, designed by and for National Advisory Committee members, is full of clues. Often, the local representative will indicate that they have established recruitment as their primary goal for the coming year, or that they limit their recruitment efforts to their own post, unit or chapter. It may show they need more help from their national organization, or that they have devised effective means of recruiting nonmembers to serve with the organization. In addition it will show the organization's potential to provide Regularly Scheduled volunteers. The Annual Joint Review may also indicate that a local Representative or Deputy is hindered by age, health, family or transportation problems in carrying out the recruitment responsibilities of the position—a situation which calls for some attention from the organization's national VAVS team. (See "Working with Local Representatives," par. III f.)

Recruitment is a shared responsibility, with the local Representative and Deputies at the point of contact. The national VAVS team's role is dual: Specifically, to support and enhance local recruitment efforts, and generally to provide national

visibility, coordination and, where available, resources. The mechanics of these activities are covered elsewhere in this handbook (see "Training for Local Representatives," par. III e; "Publicity and Information Giving," par. III h and "Resources," pt. V) since almost every aspect of the team's work relates in some way to recruitment.

d. **Selection of Local Representatives**

The National Representative is a key national official of the organization, responsible for maintaining good local leadership for it in the VAVS program. In this, the National Representative may have a direct role in selecting and certifying Medical Facility Representatives and Deputy Representatives or may simply serve as advisor to the organization's National Certifying Official. Only member organizations of the National Advisory Committee are required to have National Certifying Officials; the procedure is optional for other national organizations.

(1) The source of nominees for the position of local Representative or Deputy varies according to the structures and traditions of individual organizations, but there are three general patterns:

(a) The Medical Facility Representative and Deputies are nominated by the nearest organizational unit (post, chapter, etc.) to the medical center or clinic they will serve;

(b) They are nominated by other members of the organization serving as RS volunteers at the medical facility;

(c) They are nominated by the state–level unit of the organization.

(2) The VA does not enter into this process unless a nominee being certified is, for cause, unacceptable to the medical facility.

(3) Frequently, the degree of VAVS interest, knowledge and experience of the nominees have no bearing on the selection. This is true in organizations, for example, where an individual must move "through the chairs" to gain higher levels of office. In some cases, the results of the process are excellent, but in some the nominees need extensive orientation, support and direction from the National Representative.

(4) It is suggested that each organization require that new nominations include information on the nominees basic qualifications for the position. It is also suggested that the National Representative receive a copy of this information in order to begin working effectively with the individual, if certified.

(5) Recertification of local Representatives and Deputy Representatives may offer opportunities to affect quality of performance if coordination is maintained among the organization's national VAVS officials. The National Representative should be able to alert the National Certifying official from information received in reports, attendance records and personal contacts before an inadequate incumbent is recertified.

(6) Performance of a Medical Facility Representative is not fully adequate if:

(a) The organization has a poor attendance record at Medical Facility Advisory Committee meetings;

(b) The Representative does not serve on subcommittees;

(c) The Representative is not, in person or through involvement of the Deputy, in active contact with local units (post, chapter, etc.) throughout the medical facility's coverage area;

(d) Is unavailable for the Annual Joint Reviews;

(e) Is consistently unable to deal with local program or personality problems;

(f) Has formulated no local goals for the organization;

(g) Has attempted no arrangements either for organization officials to visit the medical facility or for VAVS to be part of the organization's local and state level meetings;

(h) Shows no other evidence of initiative and leadership. (See Exhibit A for a form adaptable to use in evaluating Representative/Deputy performance.)

(7) The basic qualifications and duties of the local VAVS Representative are contained in the publication, "The VAVS Representative," IB 13–16, available through the VA medical centers Voluntary Service (135).

(8) The Department of Veterans Affairs has established no minimum length of certification, but recommends a minimum of 2 years or "until replaced."

e. Training for Local Representatives

The newly appointed Medical Facility Representative or Deputy should receive orientation and training from two sources: The Department of Veterans Affairs and the organization represented.

(1) The Department of Veterans Affairs, in the person of the medical facility's Chief of Voluntary Service, provides orientation to the agency, the medical facility and the general design and requirements of the VA Voluntary Service program. The organization, through the efforts of its national VAVS team, provides training in the organization's VAVS procedures, regulations, expectations and rewards.

(2) The training activities of organizations are carried out in varied ways, according to structure and resources. Responsibility for designing and carrying out training may be retained by the National Representative or delegated to one or more Deputy Representatives. Some examples of training methods:

(a) Inclusion of VAVS in regularly scheduled training conferences (national or regional) of the organization.

(b) Inclusion of VAVS workshops at general national or state conventions.

(c) Scheduling of national or regional conferences of the organization specifically designed for VAVS training.

(d) Taking advantage of any VA–scheduled conferences to meet with local Representatives and Deputies attending.

(e) Individual training by the National VAVS Representative or Deputy through visits to the medical facility or by telephone and mail.

(f) Training through general publications, such as handbooks, pamphlets, directives and newsletters.

A checklist of the many possible training activities is included in this handbook. (See Exhibit B.)

f. Working With Local Representatives

(1) The National Representative, by virtue of office, is guide and resource for the other four elements of VAVS directly responsible for volunteer service to patients. These are:

(a) The Voluntary Service staff at VA Central Office;

(b) The Voluntary Service staff at VA medical facilities;

(c) The organization's VAVS Representative and Deputy Representative at medical facilities;

(d) The National Certifying Official (often, the National Representative).

(2) These four elements work together in administration of the volunteer program, particularly in the areas of information–seeking, problem–solving and interpretation. Some examples:

(a) A special purpose donation by a national organization, which requires information from the VA for proper allocation. The National Representative would contact Voluntary Service at Central Office.

(b) A vacancy on a local VAVS Advisory Committee. The Chief, Voluntary Service would contact the National Certifying Official if the vacancy were not filled in a reasonable time.

(c) A letter from a volunteer to the Secretary, Department of Veterans Affairs, Member of Congress or President, expressing a complaint, problem or suggestion. Central Office Voluntary Service calls the National Representative and the Chief of Voluntary Service concerned for information and to work out possible action.

(d) A misunderstanding, disagreement or personnel problem involving one or more volunteers occurs at a medical facility, where the local Representative is unable to resolve it. Depending on the situation, the Chief of Voluntary Service may call either the National Representative or Central Office, or the local Representative may take the initiative in these contacts. Central Office and the National Representative coordinate their roles and keep each other informed of outcome, either directly or through their local counterparts.

(e) A volunteer, local Representative or Deputy, National Representative or Deputy, or national official of an organization makes a recommendation which has national implications, either to participating organizations or by VA, or both. The recommendation should be submitted by the National Representative to the Recommendations Chairperson of the National Advisory Committee. (See "Committee Work," III k.)

(f) An interpretation of a VA policy is needed or information about a new treatment program, personnel contact, or any other matter related to VAVS is desired. The National Representative contacts Central Office Voluntary Service. Conversely, Central Office always contacts the National Representative when information about an organization is needed, or contacts a Deputy Representative if the Representative cannot be reached.

(g) Local Representative expresses need for more teaching, resources or other support from the national organization. If in agreement, the National Representative becomes the advocate to the organization's national leadership if more resources are needed.

(h) A local Representative who has arranged for a VAVS session at a state–level conference is in need of program guidance, workshop leaders and handout literature. This may be handled entirely between the local Representative and the Chief of voluntary Service. But if there is a desire to involve national–level participation, the local Representative may contact the National Representative who will, if VA participation is desired, call upon Voluntary Service at Central Office for assistance. The same communications path applies in reverse when a National Representative initiates VAVS involvement at state level.

g. **Program Evaluation**

(1) Program evaluation is an ongoing function of the organization's VAVS team. To assist in the process, the VA provides several helpful reports to National Representatives and/or Deputy Representatives and makes others available to local representatives.

(2) Representatives' and Deputies' use of the reports is at the discretion of the individual and the organization. Some suggestions from experienced National Representatives and Deputies about their use of the reports they receive are:

(a) Determine through comparison of these records with each other the medical facilities in which the organization is strongest and those where special attention may be advisable.

(b) Through comparison of the computer printout with figures from earlier statistical reports, monitor the upward and downward trends at individual medical facilities. These may be used for preparing publicity and writing communiques to the organization's leadership and membership.

(c) Determine which local representatives may merit compliments or recognition.

(3) Reports distributed to National Representatives or their designees are:

(a) MINUTES OF ADVISORY COMMITTEE MEETINGS from each medical facility at which the organization has volunteers. Most facilities have four committee meetings a year (required minimum); a few have them more often. The National Representative or another national officer of the organization must notify VA Central Office, Director of Voluntary Service (161A), of the names and addresses of individuals (National Representatives or Deputy Representatives) to receive Minutes. This notice may also designate which states each individual will cover if he/she is not to receive Minutes from all medical facilities in the U.S.

(b) CUMULATIVE ATTENDANCE RECORDS are attached to all Minutes of Advisory Committee Meetings. These records show the names, certification dates (appointment and expiration) and attendance of each Representative and Deputy Representative, for all organizations serving on the medical facility's VAVS Advisory Committee. (See Exhibit C.)

(c) VAVS SUMMARY OF ANNUAL JOINT REVIEW, RCS 10–0629, (VA Form 10–1240) is a summary report of an annual conference between the organization's medical facility representatives and their VA Chiefs of Voluntary Service. Subjects to be covered by these conferences have been determined by the VA National Advisory Committee. They are designated to give an overview of the organization's local volunteers and program and comments beyond the designated questions are encouraged.

(d) The month in which each organization on the National Advisory Committee will be scheduled for its review is designated by Central Office with the organization's concurrence; it remains the same each year unless a change is requested and justified. Unless the organization gives other instructions, the AJR (Annual Joint Review) Summary is sent to the National Representative and the National Certifying Officer, accompanied by VA Form 10–1240a, ACKNOWLEDGEMENT FORM. It is important that the acknowledgement be completed and returned to the local Representative to indicate that his/her comments have been noted. (See Exhibits D and E.)

(e) NATIONAL ORGANIZATIONS REPORT (COIN DMS 37) is a computer printout which summarizes the activity of the organization's volunteers at each VA medical facility. It is produced every six months (April and October), and three copies are mailed to each National Representative. The National Representative determines distribution of the three copies within the organization. (See Exhibit F.)

(f) REPORT OF ANNUAL MEETING is a printed, illustrated summary of the proceedings of the Annual Meeting of the VAVS National Advisory Committee which takes place each October. The production date of the report varies, depending on availability dates of transcripts and on other production priorities, but generally it is available during the first quarter of the calendar year following the meeting. One copy is sent to each National Representative and Deputy National Representative, and a copy for each local Representative is sent to all VA medical facilities. A limited number of additional copies is held by VA Central Office, Voluntary Service, to fill requests.

(g) CHIEF MEDICAL DIRECTOR'S LETTER transmitting VA response to the recommendations voted annually by the National Advisory Committee is published within the three months immediately following the Annual Meeting. Its purpose is to notify all VA medical facilities of action to be taken, and to notify them of reporting requirements to the National Advisory Committee in advance of its next Annual Meeting. An information copy of this letter, with its attached summary of recommendations and VA comments, goes to each National Representative and Deputy Representative.

(4) The VA also produces for each MEDICAL FACILITY a computerized summary made available to local VAVS Representatives for use in managing their volunteer programs. The report, REGULAR SCHEDULED VOLUNTEERS BY ORGANIZATION (COIN DMS 26), is distributed monthly to each Chief of Voluntary Service, who usually makes them available for pickup in the medical facility's Voluntary Service office (see Exhibit G). By law, the information about individuals which appears on this report may be used only for the purpose for which the report is produced; namely, managing the organization's VAVS program.

(5) EXTERNAL MEDIA available to the VAVS team may include metropolitan dailies and other major media such as widely viewed or network television or equally important radio stations. But there are more productive outlets for VAVS teams which do not have large budgets and professional publicity staffs to lean on. The national VAVS team should guide its local Representatives to small radio stations with limited staff, industrial publications (or "house organs") which might welcome feature information about a VAVS volunteer who is also an employee, and suburban or rural newspapers which welcome stories and pictures about local residents.

(6) SUPPORT FROM THE VA is available both nationally and locally. Voluntary Service at Central Office and Chiefs of Voluntary Service in the field will supply information and VA literature (See Publicity and Information–Giving." par. III h), speakers, speech materials and audiovisuals, and help arrange for photographs of member volunteers in action at VA medical facilities. Although VA does not write for organization publications, it works closely and helpfully with those who do.

(7) The VA also, through its Public and Consumer Affairs office, picks up from publications throughout the country clippings of stories about the VAVS program and its volunteers. A few of these may appear from time to time in VANGUARD, the VA employee publication, and SECRETARY'S BULLETIN BOARD, a printed replica of the lobby bulletin board at Central Office. No action from any organization is needed.

h. **Publicity and Information–Giving**

(1) The organization's VAVS team has access to two types of information–giving or promotional media: Internal and external. Which member(s) of the team organize, prepare, and place information in these media is decided by the team itself.

(a) Some useful AREAS OF INFORMATION to pursue for publicity are: Outstanding volunteer performance; conference or convention VAVS workshop; awards; new Representative and Deputies; new or unusual activities; program growth; personalities; anniversaries; holiday tie–ins; the VAVS National Advisory Committee Annual Meeting; donations. Imaginative VAVS teams will find many others.

(b) PHOTOGRAPHS enhance most publicity, but "line–em–up and shoot" or "check–passing" photographs are only interesting to the people in the picture, their families and close friends. Such pictures are a good way of rewarding volunteers through recognition, but they do little else for the organization's VAVS program. Good photographs show human interaction and the best ones usually involve two to four people, no more.

(c) The POINT OF VIEW is always the starting point for publicity—or for any communication. Communications should be focused on the chosen target (reader, hearer) and aimed at evoking a particular kind of reaction (learning, interest, action, approval, etc.).

(d) INTERNAL MEDIA available to the VAVS team may include: A VAVS newsletter mailed to all VAVS representatives and to state and national officials; the organization's national and state publications; handbook and recruitment pamphlets; special or ad hoc communications to the membership—and it is the membership which is the principal target of promotional and informational efforts.

i. **Reports to VA Central Office**

Written reports are hardly anyone's favorite way of doing business. The VA knows this and asks for only a few simple but essential ones.

(1) CHANGES IN THE ORGANIZATION'S VAVS OFFICIALS should be reported as they occur. These include changes in National Representative or Deputy Representatives, National Certifying Official, and National Officials to Review Minutes. The National Representative in office at the time the change is made should see that the national organization's headquarters or chief elected officer sends written notification to VA Central to the attention of: Director, Voluntary Service (161A), 810 Vermont Avenue, N.W., Washington, DC 20420.

(2) Information required for each change: Name, VAVS title, address, telephone number and (if known) term of service of the new appointee; names and title of the individual being replaced. **No action will be taken by the VA until this official notice is received.**

(3) CHANGE IN THE ORGANIZATION'S TOP ELECTED OFFICIAL should be reported in writing immediately after election, by the individual serving as National Representative at the time of the election. Needed are name, full title, and address.

(4) DATE AND LOCATION OF NATIONAL CONVENTION should be reported, as soon as known, by the National Representative.

(5) DEATH OR SERIOUS ILLNESS OF A MEMBER OR FORMER MEMBERS of the organization's national VAVS team, by telephone if possible. This may be done through the Chief of Voluntary Service at the nearest VA medical facility.

(6) VA also welcomes complimentary subscriptions to the national publications of all its National Advisory Committee member organizations. They provide a very helpful window on the organization's mission, concerns and activities.

j. **Handling Donations**

The VA does accept contributions to be used for the benefit of patients and the National Advisory Committee does handle two funds of its own.

(1) The National Advisory Committee maintains the James H. Parke Memorial Youth Scholarship Fund. This fund, which remains open for contributions, is the source of the annual James H. Parke Memorial Youth Scholarship Award given to out-

standing youth volunteers nominated by VA medical facilities. (See IB 10–20, "James H. Parke Memorial Youth Scholarship Award.) This award consists of a year's interest on the fund. Contributions to this fund are tax deductible; the tax exempt IRS Number is 52–6177268.

(2) The National Advisory Committee also maintains a small fund for certain nonessential expenses of its Annual Meeting. This fund is replenished from small registration fees established by the Committee.

(3) Occasionally, a National Representative will be asked to design and arrange for the distribution of a large supply of goods or sum of money to be used for the benefit of patients. VA Central Office will work with the National Representative to see that this goal is carried out.

(4) National Representatives should also be aware that donations are accepted by VA medical facilities through their Chiefs of Voluntary Service, who handle the General Post Funds (gifts and donations). The two key policies are that the VA does not solicit gifts and donations, and that gifts and donations must be for the benefit of patients. (See VAVS Manual M–1, pt. III, par. 6.01, "Gifts and Donations.")

k. Committee Work

(1) The National Advisory Committee meets once a year in a place of its own choosing for the transaction of business and exchange of information. All National Representatives and Deputies are expected, as part of their appointed duties, to make every effort to attend and participate in the Annual Meeting and to assist their local counterparts in carrying out its recommendations and findings.

(2) The proposed location and suggested agenda are determined by an EXECUTIVE COMMITTEE, which meets each spring in Washington and again immediately after the close of the Annual Meeting. Selection of its membership is made by the Chairperson and Deputy Chairperson of the National Advisory Committee according to written criteria approved by the National Advisory Committee and available from Central Office on request. Eligibility is based on the qualifications (extent of VAVS participation or relative time elapsed since the organization was last appointed) of organizations, but final selection is based on demonstrated leadership ability and availability for service of the individual.

(3) Chairpersons and vice chairpersons of all standing subcommittees must be members of the Executive Committee. Subcommittee membership, however, may include any member(s) of the National Advisory Committee. The standing subcommittees are:

(a) The RECOMMENDATIONS SUBCOMMITTEE, responsible for soliciting, reviewing and presenting for vote recommendations from member organizations concerning conduct of the VA Voluntary Service program.

(b) The REGISTRATION SUBCOMMITTEE, responsible for Annual Meeting registration.

(c) ARRANGEMENTS SUBCOMMITTEE assists the staff in physical arrangements for the Annual Meeting.

(d) HOSPITALITY SUBCOMMITTEE arranges Annual Meeting hospitality and entertainment.

(e) MEMBERSHIP SUBCOMMITTEE assists organizations with declining VAVS participation and nonmember organizations interested in qualifying for National Advisory Committee membership. (Represented and active at 20 or more VA medical facilities for nonvoting Associate Membership; represented and active at 45 or more VA medical facilities for voting, permanent Regular Membership.)

(f) FINANCE SUBCOMMITTEE handles the general funds of the National Advisory Committee and arranges for audit of the James H. Parke Memorial Youth Scholarship Award.

(g) PARKE MEMORIAL YOUTH SCHOLARSHIP AWARD SUBCOMMITTEE solicits nominations, selects the winner and manages the Parke Memorial Youth Scholarship Fund.

IV. AWARDS

a. The Department of Veterans Affairs

(1) The VA has a nationwide series of awards for recognition of service by Regularly Scheduled volunteers. These awards are presented at each medical facility annually at a Volunteer Recognition Ceremony which usually takes place in the spring.

Most of them are based on hours of service achieved before the end of the preceding calendar year and are given only for hours served by assignment of the VA and under the supervision of its staff.

(2) These awards, more fully described in the Voluntary Service Manual M–1, part III are:

(a) AWARDS FOR HOURS OF SERVICE

At the time of this publication, changes in the VAVS Awards program were being considered. It is anticipated that certificates issued in the past for hours of service will be replaced with pins that denote the number of hours served.

Items used to recognize major milestones of service will remain as follows:

7,500 Hours – VA Plaque, Dedicated Service Award
10,000 Hours – VA Silver Bowl, Honor Award
15,000 Hours – VA Golden Medallion, Exceptional Honor Award
20,000 Hours – VA Silver Tray, James H. Parke Achievement Award

Some VA medical facilities supplement these awards with their own awards for hours of service. "Miles to Volunteer" Award. A VAVS pin is awarded to volunteers in recognition of the distance traveled to and from voluntary assignments. These pins will recognize a minimum of 5,000 miles to a maximum of 100,000 miles on 5,000 mile increments. Pins will be awarded based on individual accounting of distance traveled. No formal records will be maintained.

(b) QUALITY AWARDS

Pin and Certificate, "Commendation for Excellence in Leadership," may be given to VAVS Medical Facility Advisory Committee members who meet certain criteria of excellence.

Pin and Certificate, "Secretary's Volunteer Service Award," is the highest and final national award given by the VA. It is issued directly from Central Office to nominees who meet certain criteria of excellence.

(c) AWARDS FOR PARTICIPATING ORGANIZATIONS

These are local awards, given by many medical facilities in recognition of their support of patients through the VAVS program.

b. **The VAVS National Advisory Committee**

The Committee handles its own annual award, the "James H. Parke Memorial Youth Scholarship Award," which consists of a certificate and the interest from a specific fund. (See "Handling Donations," par. III j.)

c. **Award Systems of Participating Organizations**

Organizations often have their own VAVS awards system to recognize service given by their members. These may be given to individuals and local or state units of the organization. A few large organizations have a national award (plaque or certificate) for outstanding performance by local VAVS representatives, and one organization rewards its outstanding service by sending a local representative to the VAVS Annual Meeting, accompanied by the National President.

V. **RESOURCES**

a. **Publications**

M–1, Part III	Operations, VA Voluntary Service Manual (Policy)
G–1 M–2, Part XVII	VA Voluntary Service – Background and Administration Management Criteria for Determining Effectiveness of Program Planning and Conduct (Program Guide)

IB 10–20	James H. Parke Memorial Youth Scholarship Award (information folder)
IB 13–10	Voluntary Service Is Volunteers Making a Difference in Health Care (volunteer recruitment folder)
IB 13–11	Voluntary Service – A Partnership With Community Organizations (recruitment of organizations and their units)
IB 13–12	Voluntary Service – Young People Reaching Out to Others (recruitment of youth volunteers)
IB 13–13	Camera Ready Art Work (VAVS Logo)
IB 13–16	The VAVS Representative (handbook pamphlet)
IB 13–18	Community Service Volunteers (recruitment) of volunteers)
Poster 10–70	Volunteers Are Making a Difference in VA Health Care (8 1/2 x 11 recruitment poster)
Unnumbered publication	Youth Volunteer Opportunities (recruitment brochure for young people)

Call (202) 233–4110 or write Director, Voluntary Service (161A), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420, for information about other publications.

b. **Audiovisuals**

(1) "The National VAVS Committee" – Slides with audio cassette (audible cue). Describes the history, structure and functions of the National Advisory Committee, 10 minutes. Also available in 3/4 inch videocassette. Request free loan from Voluntary Service, VA Central Office.

(2) "It Could Be You" – 16 mm film. Presents the great need for volunteers and the large number of varied assignments available to volunteers in VA medical facilities, 26 minutes. Request free loan through Voluntary Service, VA Central Office or nearest VA medical center.

(3) "Today and Tomorrow" – 16 mm film. Shows Youth Volunteers in career exploration and patient service assignments, 28 minutes. Request free loan through Voluntary Service, VA Central Office or nearest VA medical center.

(4) "Voluntary Service" – 3/4 or 1/2 inch. An overview of Voluntary Service.

(5) "Voluntary Recruitment" – Seven minutes. A general recruitment film which could serve as an orientation film.

c. **Exhibits**

Several large lighted exhibits suitable for national conventions are available. Consult Voluntary Service at VA Central Office for descriptions and availability. Requests for exhibits must reach Central Office at least 45 days in advance of the due date.

The exhibits are as follows:

(1) AV–83–1070, Our Heart's In It

(2) E–83–1680, Older Americans Offer Assistance

(3) E–86–1702, Liberty Is The Freedom to Volunteer

(4) E–87–1709, Youth Volunteers – Reaching Out To Others

(5) E–88–1713, Volunteer Of All Ages

(6) AV–90–1108, Volunteers Make A Difference

d. Photographs and Slides

A very limited selection of photographs and slides is on file at Central Office. Photographs or slides showing a specified organization's volunteers should be discussed with Central Office VAVS staff or obtained through the organization's local VAVS Representative.

e. Speakers

VA staff members are available to speak at organization's meetings, to the extent that travel can be arranged. Contact the Voluntary Service staff at Central Office for assistance in arranging for speakers at national, regional or state levels.

f. Consultants

There is a wealth of experience and creativity represented on the National Advisory Committee, where member organizations range from the very small or the very large. Central Office Voluntary Service staff will be glad to suggest some helpful contacts.

VI. GLOSSARY

Some of the terms commonly used in the VA Voluntary Service program, but not necessarily in this handbook, are:

ACMD – Assistant Chief Medical Director (An official of VHS&RA appointed to manage a group of major services and programs)

ADP – Automated Data Processing (computerized system of recordkeeping)

AJR – Annual Joint Review (scheduled program conference between a Chief, Voluntary Service and an organization's local Representative and Deputies)

CMD – Chief Medical Director (heads VHS&RA, the VA medical benefits system)

CO – Central Office (headquarters of the Department of Veterans Affairs, located in Washington, DC), 810 Vermont Avenue, N.W., Washington, DC 20420.

COIN – Computer Output Identification Number (identifies printouts from the ADP system)

CVS – Chief, Voluntary Service (staff offices who heads the VAVS program at a medical center)

GPF – General Post Funds

NAC – National Advisory Committee (VAVS)

RS – Regular Scheduled

VA – Veterans Affairs

VAVS – Veterans Affairs Voluntary Service

VHS&RA – Veterans Health Services and Research Administration

EXHIBIT A

SUGGESTED WORK SHEET FORMAT
APPRAISAL OF VA MEDICAL CENTER REPRESENTATIVES & DEPUTIES

NAME REVIEW DATE:

1. **Background**

   Title (Rep. or Dep.)

   VA Medical Center

   Date Appointed

   Title of Nominating Official

   Name of Unit Where Representative or Deputy is Member

2. **Training & Experience**

   Total years/months VAVS Experience

   Hours/Date Training in VAVS

   Orientation

   In–Service (list)

   Other VA Medical Center Experience

3. **Organization Activity During Year**

   New RS Volunteers Listed

   Potential Local Units

   Actual Local Units Involved

   Total RS Volunteers Active

   New Units Contacted:

   Mail or Phone

   Visit

   VA Medical Center Visits Arranged

   Donations Initiated/Received

   Number of Events Sponsored/Co–sponsored for Patients

4. **Basic Performance Measurements:**

AJR Participation (yes/no)

Advisory Committee Attendance

Subcommittee Service (list)

5. **Qualities Demonstrated:**

a. Sincere Interest in Welfare of Patients:
1/ 2/ 3/ 4/

b. Ability to Work With Others:
1/ 2 3/ 4/

c. Leadership:
1/ 2/ 3/ 4/

d. Knowledge of the Organization:
1 2/ 3/ 4/

e. Ability to Interpret VAVS Program:
1/ 2/ 3/ 4/

RECOMMENDED ACTION: Appoint

Reappoint
Replace
Promote

REVIEWER:

Explanation for Rating: 1 is outstanding
4 is unacceptable

AREAS OF VOLUNTEER ACTIVITY AT VA MEDICAL CENTERS

NOTE:

a. Listed is a sampling of activities reported from the entire system of 172 medical facilities. No single facility, even the largest, will need nor offer all of these volunteer assignments.

b. Included in this sampling are a few assignments which have been designed for volunteers with special qualifications. Most, however, are filled by volunteers of varied backgrounds who have been trained by the VA staff at time of assignment.

c. All volunteers are supervised by staff.

1. **Admissions and Outpatient Clinic** – Host/hostess and information giving activities, escort, clerical, etc.

2. **Alcohol and Drug Treatment Units** – Counseling, recreation, off–station visits.

3. **Art** – Teaching art, painting pictures or murals.

4. **Building Management** – Sewing and mending, operating patient clothing room, operation of elevator at peak hours.

5. **Canteen** – Assisting patients with food selection and Canteen store shopping.

6. **Cardiovascular** – Assistance with EKG records, cardiac patient discussion groups, cardiac education, reassurance to open heart patients.

7. **Cemetery** – Administrative assistance, helping families locate gravesites, assisting with ceremonials.

8. **Chaplain** – Escort to Chapel services, visiting new patients with Chaplain Service information, companionship visitation for patients with few visitors, etc.

9. **Child Care Centers** – Entertaining children while parent visits patients.

10. **Community Activities** – Recreational activities for VA patients living in the community or on pass from the medical center.

11. **Community Care** – Visits, recreational and personal services for VA patients placed in community nursing homes or residential care homes.

12. **Day Treatment Center** – Recreational, teaching and counseling activities for patients released to the community but returning to the hospital for support. Examples: Teaching cooking, art, crafts, etc.

13. **Dental Service** – Assistance with hygienist's activities, clerical and escort services, scheduling, etc.

14. **Dietetic Service** – Helping bedfast patients with menu selection, assisting wheelchair patients in dining room working with dietitians on teaching materials and participating in patient education on diets and nutrition.

15. **Donations** – Sewn and knitted articles, TV sets, craft supplies, joint participation in purchase of garden pavilions, wheelchair buses, etc.

16. **Engineering** – Makes identification badges, plaques, signs, help in repairing wheelchairs and other equipment; draftsmanship; professional–level consultation.

17. **Escort** – Escorting wheelchair and litter patients to clinic appointments and back to wards.

18. **Fiscal Service** – Sorting, filing, reviews, comparisons.

19. **Geriatrics** – A variety of activities in support of the older patient, including group and one–to–one activities designed to reconnect the patient with the community.

20. **Horticulture** – Activities range from providing dish gardens or fresh flowers to individual patients; to maintaining plants in lounges, lobbies and waiting rooms; to working with patients in greenhouse or gardens; to landscaping hospital grounds.

21. **Hypertension** – Taking blood pressure and assisting with questionnaires.

22. **Laboratory** – Keeping records, greeting patients, maintaining equipment, etc.

23. **Library** – Involves both patient libraries and medical libraries; activities range from shelving and charging out books, to operating book carts on the wards, to working with audio–visuals and conducting discussion groups.

24. **Medical Administration Service** – Covers assistance in a wide variety of support activities such as helping with information desk and telephone switchboard or assisting with patient records.

25. **Medical Media** – Photography, darkroom, graphic arts activities.

26. **Nuclear Medicine** – Receiving arriving patients, escorting during their

appointments, serving as messenger for charts, etc.

27. **Outreach** – Reception, counseling, recreation and clerical activities at Vietnam Veterans Outreach Centers. (Mostly Vietnam era volunteers.)

28. **Music** – Performing for entertainment of patients, teaching music, encouraging patients to participate, advising.

29. **Nursing** – Includes volunteer ward clerks, personal service volunteers, feeding, visitation, recreational activities, and countless other activities involved in nursing care for patients.

30. **Nursing Home Care Units and Domiciliaries** – For the most part, a traditional kind of volunteer "neighborliness" for veterans who have been institutionalized for long periods and have lost touch with families and friends.

31. **Hospice/Palliative Care** – A very demanding volunteer assignment but very rewarding. Entails being a caring presence for family and patient during final weeks of life, being on call to go to the patient and family at home or in the hospital, comforting the newly bereaved, working very closely with the staff hospice care teams.

32. **Patient Advocate** – Works with patient advocacy staff to solve patient/family member problems arising from misunderstanding or error at the medical facility.

33. **Patient Education** – Assists staff in interpreting treatment, procedures, adherence to medications, diet and nutrition, exercise, etc.

34. **Personnel** – Principally clerical assistance in the Personnel office.

35. **Pharmacy** – Variety of nonprofessional activities, including labeling, prepackaging, manning the dispensing window, deliveries to wards, stocking shelves, keeping the hospital formulary, filing prescriptions forms.

36. **Prosthetics** – Assistance in designing and construction of prostheses, clerical and delivery assistance, including setup of hospital equipment in veterans' homes, assisting in repairs.

37. **Psychology/Psychiatry** – Counseling and socialization groups, job counseling and placement, companionship therapy, participation in psychodrama sessions, assistance with biofeedback, psychological tests, etc.

38. **Pulmonary** – Escort patients to inhalation therapy, assist in setting up equipment, reception and clerical activities, bedside Occupational Therapy, etc.

39. **Radiology** – Activities similar to those of Nuclear Medicine volunteers.

40. **Recreation** – A very wide variety of supervised individual and group activities in hospital auditoriums, gymnasiums, gold courses, bowling alleys, grounds and wards. Includes sports, dances, entertainment, picnics, birthday celebrations, bingo parties, distribution of hobby kits and games, off–station trips, "Bedside Network" programs on in–house radio stations, travelogs, etc.

41. **Renal Dialysis** – Designed to assist patients and families of patients undergoing renal (kidney) dialysis. Volunteers do bedside visitation, share reading material, work with staff on programs designed to inform the family about problems of dialysis patients.

42. **Research** – Involves various research techniques, use of computers in research, etc. Assignments usually given to college students volunteering to gain experience in medical research.

43. **Rehabilitation Medicine** – Includes Occupational Therapy, where volunteers assist patients in crafts and/or sheltered workshop type of activities; Manual Arts Therapy, where volunteers teach and help with wood and metal work; Physical Therapy and Corrective Therapy, where assistance is given with exercise activities, whirlpool, swimming etc.; Educational Therapy, in which patients are prepared for high school equivalency tests; Remotivation Therapy, in which long–institutionalized patients are restored to alertness and involvement in daily living activities.

44. **Security** – Assignments with the medical center security forces which greet visitors, handle security problems, traffic and emergencies. Volunteers assist in greeting and directing visitors, radio communication between base transmitter and mobile units, monitoring TV surveillance, manning telephone, etc.

45. **Social Work** – Volunteers assist with such activities as patient interviews, team assessment visits to contract nursing homes, visits to patients as assigned, monitoring of social needs of newly admitted patients, visiting nursing homes in the community, helping prepare patients for return to the community and in followup activities, assembling and updating community resources referral information.

46. **Speech Pathology** – Assignments may include attending clinic sessions and screening patients with speech, language and hearing problems throughout the ward areas, drilling patients on their assigned treatment activities and providing encouragement, assisting families in dealing with speech problems of patients.

47. **Spinal Cord Injury** – Personalized services in support of the paraplegic and quadriplegic patient during the period of severe physical and related emotional trauma. Activities may include tutoring, letter writing, reading, shopping, conversation, entertainment, feeding, accompanying to medical treatment and recreational activities, etc.

48. **Stroke** – Volunteers in the medical facility and sometimes in the community or the patients' homes, provide support and instructions in speech therapy and exercise activities, individually or in group sessions; are especially helpful where instruction and practice in activities of daily living are involved.

49. **Office of Acquisition and Materiel Management** – Volunteers assist in preparing surgical packs and other medical/surgical supplies, help with recordkeeping and placing orders, help assemble and deliver supplies to wards.

50. **Surgical** – Most frequent assignment is to OR or Surgical Intensive Care waiting room to provide support for families, obtain answers to questions, pass on progress reports from staff to families; other assignments include assisting in cast room of Orthopedic Clinic and visiting surgical patients on wards.

51. Transportation – Assignments include various functions that assist patients that haven't the means or are unable to provide their own transportation to receive care in VA facilities.

VETERANS AFFAIRS MEDICAL CENTER
(City, State, ZIP)
VA Voluntary Advisory Committee Meetings
Cumulative Attendance Record

Name of VA Facility Director

Name of Chief, Voluntary Service

ORGANIZATION (Appointment Termination Shown)			Sept.	Nov.	April	June	Total Percent Representation
AMER. GOLD STAR MOTHERS							
Mrs. Ralph Corless	9/1/91	R	P	P	–	P	
Mrs. William Riggs	9/1/93	D	P	–	P	P	100
THE AMERICAN LEGION							
Mr. Leslie Roberts	6/1/93	R	–	P	–	P	
Mr. Andrew Williams	6/1/93	D	–	–	P	P	75
AMERICAN LEGION AUX.							
Mrs. Grant Gary	7/23/92	R	–	P	P	–	
Mrs. Spencer Wyant	9/12/93	D	P	P	P	P	100
AMER. NATL. RED CROSS							
Mrs. Broderick Ruthman	IND	R	P	–	P	–	100
AMVETS							
Mr. Randolph Marvin	IND	R	P	P	P	P	100
DAV							
Mr. Charles Johnson	IND	R	P	P	–	P	
MIL. ORDER OF THE PURPLE HEART							
Mr. Bernard Sidney	IND	R	P	P	–	P	
Mr. Gregory George	IND	D	*	P	–	P	75
VFW of the U.S.							
Mr. James Fredercks	IND	R	–	–	P	P	
Mr. Franklin Connors	IND	D	*	–	P	75	
LADIES AUX., VFW							
Mrs. Bennett Barton	IND	R	P	P	P	P	100

SYMBOLS:
R Representative
D Deputy Representative
"No certified representative or deputy, representative appointed
P Present
– Absent
H – Honorary Representative
AR – Associate Representative
AD – Associate Deputy Representative

Veterans Administration

VAVS SUMMARY OF ANNUAL JOINT REVIEW

NAME OF FACILITY/STATION NUMBER	TYPE OF INTERVIEW (Check one)	NAME OF ORGANIZATION	DATE OF REVIEW
VAMC ANYTOWN, USA #500	☒ IN PERSON ☐ MAIL ☐ TELEPHONE	VOLUNTEERS OF TODAY	7/13/90

I. STATISTICS

a. NUMBER OF VOLUNTEERS		b (1) EST. NO. OF LOCAL ORGANIZATIONAL UNITS WITHIN VAMC SERVICE AREA	49
(1) RS	22	(2) ESTIMATED TOTAL MEMBERSHIP OF THESE UNITS	1750
(2) YOUTH	3	(3) NUMBER OF UNITS CONTACTED ABOUT VAVS PARTICIPATION	33

c. SERVICES TO WHICH THE ORGANIZATION'S VOLUNTEERS ARE ASSIGNED

Escort, Recreation, Nursing, Medical Administration, DAV Transportation Program, Chaplain, and Building Management Service

II. GOALS AND OBJECTIVES FOR COMING YEAR*

To continue to work with staff for new activities for veterans;
To get media coverage of the need for volunteers at VAMC;
To maintain and increase the amount of financial support of the VAVS program.

III. SUMMARY OF REVIEW (Answer all items)*

a. POTENTIAL TO PROVIDE RS VOLUNTEERS (Check one)
☐ EXCELLENT ☐ FAIR
☒ GOOD ☐ POOR

b. QUALITY OF VA SUPERVISION (Check one)
☐ EXCELLENT ☐ FAIR
☒ GOOD ☐ POOR

c. MEANS OF RECRUITING NON-MEMBERS

Newspapers/Newsletters; contact with local churches and community centers.

d. USE OF THE MEDIA

Monthly press releases are sent to all radio stations about organization's volunteer activities.

e. REPRESENTATIVE(S) PARTICIPATION IN ORGANIZATION ABOVE UNIT LEVEL

Serves as consultant regarding VAVS matters on the local, state and national level.

f. REPRESENTATIVE(S) RS ASSIGNMENTS

VAVS Executive Committee

g. ORGANIZATION PARTICIPATED IN THE FOLLOWING ACTIVITIES (Check all that apply)

☒ NATIONAL SALUTE ☒ HOLIDAY EVENTS ☐ MEMORIAL DAY ☐ HEALTH FAIR
☐ PATIENT CARNIVAL ☐ VETERANS DAY ☐ NATIONAL HOSPITAL DAY ☐ BLOOD DRIVES
☒ WARD PARTIES ☐ OTHER (Specify)

IV. COMMENTS (Optional)*

a. SPECIAL ASSIGNMENTS OF REPRESENTATIVE(S)

Representative serves as member of the Executive Committee

b. OUTSTANDING QUALIFICATIONS, DRAWBACKS ENCOUNTERED, ETC.

Monthly program of station trip to local post

c. OTHER

Distribution of socks for Father's Day; Patient Picnic; Christmas party

REVIEWED AND SIGNED	DATE CERTIFIED	DATE CERT. EXPIRES
VAVS REPRESENTATIVE Wilson South	10/15/89	Indefinite
DEPUTY VAVS REPRESENTATIVE John Parker	11/11/89	11/11/92
CHIEF, VOLUNTARY SERVICE Shirley West	*ATTACH SECOND PAGE IF NEEDED	

VA FORM MAR 1984 10-1240 SUPERSEDES VA FORM 10-1240, JUL 1967, WHICH WILL NOT BE USED.

1 – VACO (135)

EXHIBIT E

Veterans Administration

RESPONSE TO VAVS SUMMARY ANNUAL JOINT REVIEW

TO: THE NATIONAL REPRESENTATIVE:

Attached is a summary of an Annual Joint Review which was completed between your local VAVS representative(s) and me. The review covers your organization's Voluntary Service participation during the past year and its plans for the coming year at this medical facility.

I am forwarding the summary to you according to the instructions of the VAVS National Advisory Committee, for your information and appropriate action.

Please complete and sign the acknowledgement on the bottom side of this form as soon as possible and return it to the VAVS Medical Facility Representative indicated.

Shirley West
Chief, Voluntary Service

VA Medical Center, Anytown, USA
Medical Facility

VA FORM MAR 1984 **10-1240a**

SUPERSEDES VA FORM 10-1240a, JUL 1967, WHICH WILL NOT BE USED.

ACKNOWLEDGMENT

TO:

VAVS MEDICAL CENTER REPRESENTATIVE Volunteers of Today

Mr. Wilson South

1212 Riverside Drive

Anytown, USA 56789

I RECEIVED THE SUMMARY OF YOUR ANNUAL JOINT REVIEW ON 7/13/90.
YOUR PARTICIPATION IN THIS REVIEW IS IMPORTANT AND IS GREATLY APPRECIATED. MY COMMENTS APPEAR BELOW.

Wilson South
Signature of National VAVS Representative

VA FORM MAR 1984 **10-1240a**

SUPERSEDES VA FORM 10-1240a, JUL 1967, WHICH WILL NOT BE USED.

U.S. Government Printing Office

OCTOBER 1989 THROUGH MARCH 1990 — NATIONAL ORGANIZATIONS REPORT — PAGE 1

PART I

COIN DMS 37

ORGANIZATIONS ON THE NATIONAL VAVS ADVISORY COMMITTEE

ORGANIZATION NAME:		REGULAR SCHEDULED VOLUNTEERS				OCCASIONAL VOLUNTEERS		ALL VOLUNTEERS	
GEN.FED.OF WOMEN CLUBS		ON ROLLS	ASSIGN-MENTS	VISITS	HOURS	VISITS	HOURS	VISITS	HOURS
FACILITY NAMES:		-A-	-B-	-C-	-D-	-E-	-F-	-G-	-H-
ALLEN PARK	MI	1	1	5	26	0	0	5	26
ANN ARBOR	MI	1	1	2	11	0	0	2	11
• ASHEVILLE	NC	2	3	8	37	5	10	13	47
ATLANTA	GA	0	0	0	0	5	20	5	20
• BECKLEY	WV	2	4	73	253	11	22	84	275
• BEDFORD	MA	9	10	53	170	54	202	107	372
• BOISE	ID	3	4	24	127	3	12	27	139
• BOSTON	MA	1	1	2	5	0	0	2	5
BROCKTON	MA	1	1	1	2	38	82	39	84
• BUTLER	PA	3	3	12	36	0	0	12	36
• CANADAIGUA	NY	2	4	10	62	0	0	10	62
• CINCINNATI (FT. THOMAS DIVISION)	OH	2	4	5	10	19	38	24	48
CLARKSBURG	WV	1	1	3	10	0	0	3	10
• DANVILLE	IL	4	4	4	10	36	64	40	74
DURHAM	NC	1	1	1	1	0	0	1	1
EAST ORANGE	NJ	0	0	0	0	5	10	5	10
• FAYETTEVILLE	NC	2	2	2	2	0	0	2	2
FORT HOWARD	MD	1	1	2	4	8	24	10	28
FORT MEADE	SD	2	2	2	6	24	48	26	54
• FORT WAYNE	IN	2	4	5	20	3	10	8	30

EXHIBIT F

EXHIBIT G

VETERANS ADMINISTRATION VOLUNTARY SERVICE — REPORT ENDING: 04/30/90

REGULAR SCHEDULED VOLUNTEERS BY ORGANIZATION - COIN DMS 26 — PAGE 4

688 - WASHINGTON

003 - AMERICAN LEGION AUX.

RS VOLUNTEER NAME / CAT. SVC. SCHEDULE	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
WEATHERSBY DORA F 119 MW	2/ 16	/	/	1/ 6	6/ 48	6/ 48	/						15/ 118
RS ADULT VOLUNTEERS TOTAL	15	20	15	20	26	19							
RS YOUTH VOLUNTEERS TOTAL													
ALL RS VOLUNTEERS TOTAL	15	20	15	20	26	19							
RS ADULT VISITS TOTAL	32	40	35	42	60	40							249
RS YOUTH VISITS TOTAL													
ALL RS VISITS TOTAL	32	40	35	42	60	40							249
RS ADULT HOURS TOTAL	178	201	198	192	329	230							1,328
RS YOUTH HOURS TOTAL													
ALL RS HOURS TOTAL	178	201	198	192	329	230							1,328
OCCASIONAL VOLUNTEERS TOTAL	22	27	14	33	5	26	13						140
OCCASIONAL HOURS TOTAL	72	81	42	284	15	85	39						618
ALL VOLUNTEERS TOTAL	37	47	29	53	31	45	13						255
ALL VOLUNTEERS HOURS TOTAL	250	282	240	476	344	315	39						1,946
RS VOLUNTEERS THAT WORKED	14	16	13	18	17	18							96

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ADP – Automated Data Processing (computerized system of recordkeeping)

AJR – Annual Joint Review (scheduled program conference between a Chief, Voluntary Service and an organization's local Representative and Deputies)

CMD – Chief Medical Director (heads VHS&RA, the VA medical benefits system)

CO – Central Office (headquarters of the Department of Veterans Affairs, located in Washington, DC), 810 Vermont Avenue, N.W., Washington, DC 20420.

COIN – Computer Output Identification Number (identifies printouts from the ADP system)

CVS – Chief, Voluntary Service (staff offices who heads the VAVS program at a medical center)

GPF – General Post Funds

NAC – National Advisory Committee (VAVS)

RS – Regular Scheduled

VA – Veterans Affairs

VAVS – Veterans Affairs Voluntary Service

VHS&RA – Veterans Health Services and Research Administration